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**APPLICATION FOR AMENDED  
CERTIFICATE OF AUTHORITY TO  
TRANSACTION BUSINESS IN ILLINOIS**

File #

Jesse White  
Secretary of State  
Department of Business Services  
Springfield, IL 62756  
Telephone (217) 782-6961  
<http://www.sos.state.il.us>

Remit payment in check or money  
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**SUBMIT IN DUPLICATE**

**This space for use by  
Secretary of State**

Date

Filing Fee \$ 25.00

Approved:

UNIVERSITY OF ILLINOIS  
AT URBANA-CHAMPAIGN

1. (a) CORPORATE NAME: \_\_\_\_\_  
(b) If changed, NEW CORPORATE NAME: \_\_\_\_\_  
(c) (Complete only if the new corporate name is not available in this state.)  
ASSUMED CORPORATE NAME: \_\_\_\_\_  
(By electing this assumed name, the corporation hereby agrees NOT to use its corporate name in the transaction of business in Illinois. Form BCA 4.15 is attached.)
2. (a) State or Country of Incorporation: \_\_\_\_\_  
(b) If changed, Period of Duration: \_\_\_\_\_
3. If changed, Purpose or Purposes proposed to be pursued in transacting business in this State:  
(If not sufficient space to cover this point, use reverse side or add one or more sheets of this size.)

4. This application is accompanied by a copy of the articles of Amendment to the Articles of Incorporation, if any, as evidence of any change of name, duration or purpose reported herein, such copy being duly authenticated by the proper officer of the state or country wherein the corporation is incorporated, which certification is not more than ninety (90) days old. The filing fee for the certified copy of the Articles of Amendment is \$25 unless the amendment acts as a restatement of the Articles of Incorporation, in which case the filing fee is \$100. In the event the statutory change was effected in a merger, a certified copy of the merger is required, plus applicable fee. The fees outlined in this paragraph are in addition to the \$25 filing fee in the upper right hand corner of this form.

5. The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of whom affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in **BLACK INK**.)

Dated \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Month/Day) (Year)

attested by \_\_\_\_\_ by \_\_\_\_\_  
(Signature of Secretary or Assistant Secretary) (Signature of President or Vice President)

\_\_\_\_\_  
(Type or Print Name and Title)

\_\_\_\_\_  
(Type or Print Name and Title)

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